

CHANGE OF OWNERSHIP APPLICATION FOR LICENSE TO OPERATE A PERSONAL SERVICES AGENCY

Dear Applicant:

This letter instructs the applicant on how to obtain a license to operate a Personal Services Agencies. Prior to operating a Personal Services Agency in Indiana, a license must be obtained from the Indiana State Department of Health ("Department"). To obtain a license, the applicant must submit to the Department a completed application on the designated form, supporting documentation and \$250.00 licensure fee and must be able to show compliance with the licensure statute, IC 16-27-4.

The Application for License to Operate a Personal Services Agency (State Form 53391) must be completed in its entirety and submitted to the Department, along with supporting documents and/or information and the required \$250.00 **non-refundable license application fee**. Mail the entire application packet to the Indiana State Department of Health addressed as follows:

**Indiana State Department of Health
Cashier's Office
P O Box 7236
Indianapolis, IN 46207-7236**

The application form must be signed and dated by the owner or officer of the applicant's legal entity and the manager of the agency. The individuals signing the application form must be listed on the application.

A personal services agency's license expires one (1) year after the date of issuance of initial license and the license must be renewed annual. The personal services agency must complete a "Renewal Application For License To Operate A Personal Services Agency" application (SF 53591), applicant documentation and a non-refundable licensure fee of \$250.00 for renewal of license. The documentation and licensure fee must be submitted at least 60 days prior, but not sooner than 90 days before the expiration date of the current license.

If the application is submitted for a Change of Ownership (CHOW) of an existing Personal Services Agency, the application packet, applicable policies/documentation and non-refundable license fee of \$250.00. The application, documentation and licensure fee must be submitted at least 30 days prior to the effective date of the CHOW. Submit the applicable purchase agreement with buyer/seller signatures, identity of corporation and dba and effective date of transaction.

Submission of the application form and supporting documents within the time frames set out above will avoid expiration of licensure and/or unnecessary delays in obtaining authority to operate a new Personal Services Agency, or to assume control of an existing Personal Services Agency.

Enclosed is a list of required policies/procedures and documentation to be submitted with the initial licensure application.

Review all the Personal Services Agencies State Statute (Law) IC 16-27-4, “Application for License to Operate a Personal Services Agency” (State Form 53391) and information packet prior to completing and submitting application to the Department.

If the provider cannot interpret the State Statute IC-16-27-4 the provider may obtain an attorney or consultant for interpretation of the State Statute (Law) IC-16-27-4. The provider may contact the Indiana Association for Home & Hospice Care (IAHHC), 6320-G Rucker Road, Indianapolis, Indiana 46220, telephone number 317/775-6675 to attend a PSA 101 training class for personal services agencies. The Indiana Association for Home & Hospice Care (IAHHC) web address is located at www.iahhc.org.

The application will be reviewed in order received at the Department and as the priority is dictated by the Division of Acute Care. The review process will be as follows:

- The Department **will not accept** providers walking in the Department and requesting immediate review and approval of application and licensure due to provider’s timelines.
- The Department **will not accept** providers calling the Department and requesting immediate review and approval of application and licensure due to provider’s timelines.
- The Department **will not accept** providers emailing the Department and requesting immediate review and approval of initial/revised application and licensure due to provider’s timelines.
- The Department **will review** applications in order received by U.S. mail.
- The provider **may call** to request the status of the application.
- All documentation **must** be received and approved prior to issuing a license.

If you have any questions regarding the application process contact Darlene Earls, Program Director at 317-233-7492.

Enclosures

LICENSURE APPLICATION (State Form 53391)

The Department is requesting the following information to be included with the initial licensure “Application for License to Operate a Personal Services Agency” (State Form 53391) to facilitate the approval and to process the application.

Licensure Application

- ◆ Submit all documentation requested on the licensure application and in this letter. The “Application for License to Operate a Personal Services Agency” (State Form 53391) is available on the Indiana State Department of Health’s website at <http://www.in.gov/isdh/20119.htm> for the provider to complete the form online, print, sign and submit with required policies and documentation. Complete the application and return with the required policies and documentation.

Licensure Fee

- ◆ A non-refundable \$250.00 licensure fee made payable to the Indiana State Department of Health.

Agency’s Name

- ◆ The personal services agency’s “**doing business as**” name must be in compliance with the State Statute IC 16-27-1-15. The personal services agency may not advertise as a **home health agency or use the word “HEALTH” as part of the agency’s name.**

Branch Offices

- ◆ If the parent has an additional branch offices that will operate under the parent location send a separate letter and map with the application. The letter must include the branch name, complete address, county, telephone number and include a statement that the branch is owned and controlled by the parent personal services agency. In the letter it must indicate the branch is located within a radius of one hundred twenty (120) miles of the parent personal services agency. The branch must be in a location or site from which the personal services agency provides services. A map must be included that shows the branch located within a radius of one hundred twenty (120) miles of the parent personal services agency and must indicate mileage on the map.

Secretary of State (SOS)

- ◆ Submit applicable document from the Indiana Secretary of State (SOS).
 - If a limited Partnership, submit a copy of the “Application for Registration “ and “Certificate of Registration” signed by the Indiana Secretary of State.
 - If a Corporation, submit a copy of the “Articles of Incorporation” and Certificate of Incorporation” signed by the Indiana Secretary of State.
 - If applicant is an out of state corporation (foreign corporation), submit a copy of the “Certificate of Authority” to do business in the State of Indiana” signed by the Indiana Secretary of State.
 - If a Limited Liability Company, submit a copy of the “Articles of Organization” and the “Certificate of Organization” signed by the Indiana Secretary of State.
 - If the “doing business as” (d/b/a) name is different from the corporation’s (direct owner) name submit “Certificate of Assumed Business Name” or “Articles of Incorporation” that list the owner and d/b/a name signed by the Indiana Secretary of State.

Internal Revenue Services (IRS)

- ◆ Submit a **document from the Internal Revenue Service (IRS)** that reflects the legal entity’s name and EIN number. **Do not** send a request form that the provider completed requesting an EIN number. **The document must be from the Internal Revenue Services (IRS) that reflects legal name and EIN number.**

Criminal History Checks

- ◆ Submit current copies of limited criminal history checks from the **Indiana State Police Central Repository** on the manager, alternate manager and owners if individuals resided in Indiana for two (2) years.
- ◆ If the manger, alternate manger and owners lived outside Indiana at any time during the two (2) years prior to employment/operating a personal services agency submit a national criminal history or expanded criminal history check.
- ◆ Ensure that the agency conducts limited criminal history, national criminal history or expanded criminal history checks on all employees. Review IC 16-27-2 on criminal history checks for the requirements to operate a personal service agency in Indiana.
- ◆ The expanded criminal history check, limited criminal history check and national criminal history checks are defined below.
 - **IC 16-27-2-0.5 – Expanded Criminal History Check Defined**
Sec.0.5. Expanded Criminal History Check means a criminal history check of an individual, obtained through a private agency that includes the following:
 - (1) A search of the records maintained by all counties in Indiana in which the individual who is the subject of the background check resided.
 - (2) A search of the records maintained by all counties or similar governmental units in another state, if the individual who is the subject of the background check resided in another state.
 - **IC 16-27-2-1.5 – Limited Criminal History Defined**
Sec.1.5. Limited Criminal History means the limited criminal history from the Indiana Central Repository from criminal history information under IC 10-13-3.
 - **IC 16-27-2-2.1 – National Criminal History Background Check Defined**
Sec.2.1. National Criminal History Background Check means the determination provided by the State Police Department under IC 10-13-3-39(i).
- ◆ **The criminal history search must be from EIGHTEEN (18) years to present. If the applicant is using an entity other than the Indiana State Police the timeline must be reflected on the criminal history document.**
- ◆ **A copy of bill, transfer of assets agreement or comparable document. The document must contain the elements below in the agreement.**
 - The name of the buyer and seller (*i.e. the corporation, llc name that appears on the IRS/SOS document and is associated with the EIN number*). Example: ABC Corporation (buyer) purchases DFC Corporation (seller) effective October 1, 2012.
 - The complete date of the agreement (effective date of change of ownership)
 - The purchase agreement must be signed and dated by buyer and seller. Include title of buyer and seller. The name of the seller must be on record with the department. The name of the buyer must be listed on the application.

POLICIES AND PROCEDURES SUBMISSION GUIDELINES

The following policies and procedures are required by the Department to facilitate the approval and to process the application. The Department will not issue a license without all required documentation. Review the state statute (law) IC 16-27-4 prior to the development of policies, procedures and completing the licensure application. The agency **must develop policies and procedures** and include the elements of the law. **Do not copy and paste the law** and submit as policies and procedures. The Department will **reject the agency's application** if the law is submitted as policies and procedures.

Identify Policy

- ▶ Submit all policies and documentation according to IC 16-27-4. **Identify the name of each policy and insert a divider to separate each policy and documentation.** If you have any additional information you would like to submit with the application place information in the back of policies and documentation and write on the divider additional information.

Intermingling Documents and Policies

- ▶ **Do not** submit policies and documentation for a Indiana State Department Of Health (ISDH) Personal Services Agency (PSA) that are intermingled with Family and Social Services Administration (FSSA) and/or Indiana State Department of Health (ISDH) Home Health Agency (HHA). The Indiana State Department of Health and Family Social Services Administration (FSSA)-programs are dissimilar agencies and programs that require documentation applicable to that agency. The provider must be in compliance with each State agency/program rules and regulations. The FSSA's waiver policies and documentation are **not to be intermingled with ISDH personal services agency's policies and documentation.** Do not include language and rules/laws/codes from policies and documentation that refers to FSSA waiver programs. To operate and be issued a personal services agency license you must submit policies and documentation that is in-compliance with IC 16-27-4 for a personal services agency.

Advertisement

- ▶ **The personal services agency may not advertise as a home health agency. According to IC 16-27-1-15 Sec.15. A person who: (1) operates a home health agency; or (2) advertises the operation of a home health agency; that is not licensed commits a Class A misdemeanor.** The personal services agency's "**doing business as**" name **must** be in compliance with the State Statute IC 16-27-1-15. The personal services agency **may not** advertise as a **home health agency** or use the word "**health**" as part of the agency's name.

Medical Care

- ▶ **A personal services agency is a not medical agency and may not provide medical care. Do not** include medical language in policies and procedures. The Personal Services Agency's documentation and policies must be in compliance with State Statute (law) IC 16-27-4. The home health agencies and personal services agencies are separate programs that require documentation applicable to that particular program. The provider must be in compliance with each program rules and regulations. The Indiana State Department of Health (ISDH) home health agencies policies and documentation are **not to be intermingled with Indiana State Department of Health (ISDH) personal services agency's policies and documentation.**

Copy and Paste State Statute (Law) IC 16-27-4

- ▶ **Do not copy and paste** the State Statute (Law) IC 16-27-4 and submit as the agency's policies and procedures. The agency **must develop their own policies and procedures** that include the elements of the law and is compliance with IC 16-27-4.

Name on Policies and Procedures

- ▶ The name that is listed on the document from the Secretary of State (SOS) should be the name that is on all policies, documentation and the "Application For License To Operate A Personal Services Agency" (State Form 53391), Section II.A submitted to the Department. **Do not** abbreviate agency's name on policies and documentation.

POLICIES AND PROCEDURES REQUIRED

Identify policy name and insert divider between each policy/procedure to separate policies/procedures. Each policy must be on a separate sheet of paper. Do not send a handbook as policies and procedures. Submit policies and procedures applicable to State Statute IC 16-27-4 personal services agencies. Do not intermingle the personal services agencies policies and procedures with other health care entities policies and procedures and submit as personal services agency policies and procedures. . **Do not copy and paste laws and submit as policies and procedures.** The agency **must develop** policies and procedures for their agency and must include the elements of the state statute (law) IC 16-27-4. Listed below is information that should be included in the policies and procedures developed by the agency.

Unstable health conditions (IC 16-27-4-8)

- ◆ Submit agency's policy and procedure – **Do Not Copy and Paste Law**
 - Include agency's policy on a client's medical or health condition that becomes unstable or unpredictable. Please provide detail on agency's unstable condition procedure.

Client satisfaction review (IC 16-27-4-11)

- ◆ Submit agency's policy and procedure – **Do Not Copy and Paste Law**
 - Include timeframe of client satisfaction review (i.e. 76, 90, 104 days).
 - Include in the policy that the review with the client may be in person or by telephone, review of satisfaction of current services and to determine changes in services provided. The client satisfaction review must be:
 - Be put in writing; and
 - Be signed and dated by the individual conducting the review.
 - Include is the client satisfied with services
 - Include does client require changes to the services.
- ◆ Submit client satisfaction review form:
 - Include a place for client's name and date.
 - Include satisfaction review of services (caregiver punctual, courteous, etc).
 - Include a place for signature and date of individual conducting review.

Complaint investigations (IC 16-27-4-13)

- ◆ Submit agency's policy and procedure – **Do Not Copy and Paste Law**
 - How the agency will investigate complaints:
 - Services that is or fails to be furnished.
 - Lack of respect for the client's property by anyone furnishing services on behalf of the personal services agency.
 - The agency shall document the complaint, investigate, make resolution to complaint and take corrective action of the complaint.
 - Provide detail procedures.
- ◆ Submit complaint form:
 - Include a place for client's name and date.
 - Include a place for signature and date of individual receiving complaint.
 - Include a place for the narrative of the complaint.
 - Include a place for the investigation, resolution and follow-up/corrective action.

Tuberculosis test (control of communicable disease) (IC 16-27-4-15)

- ◆ Submit agency's policy and procedure – **Do Not Copy and Paste Law**
 - Must complete a tuberculosis test in the same manner as required by the state department for licensed home health agency employees. Refer to 410 IAC 17-12-1 for contents that is required to be in the tuberculosis test for personal services agencies.

Compliance documentation (IC 27-4-18)

- ◆ Submit agency's policy and procedure – **Do Not Copy and Paste Law**
 - Include time frame, where and how records will be stored for record retention. The records must be maintained and accessible at a personal services agency's office for not less than (7) years and available for review by the Indiana State Department of Health.

Manager's Responsibilities for day to day operations (IC 16-27-4-9(a))

- ◆ Submit manager's responsibilities – **Do Not Copy and Paste Law**
- ◆ Submit job description of manager's responsibilities – the day to day responsibilities of manager. Provide detail responsibilities.

Evaluation and Training Competency Requirements Procedure(IC 16-27-4-16)

- ◆ Submit agency's policy and procedure – **Do Copy and Paste Law**
- ◆ Submit procedure on how the provider will evaluate and re-evaluate employee, and to ensure employee is competent to perform the tasks without direct supervision.
- ◆ Include how agency will determine competency (*i.e. employee must pass written and observation skills test by 85% to determine competency*).
- ◆ Explain how the employee will be re-evaluated on tasks that deem improvement. Indicate who will conduct the training and to ensure signature and date of the person conducting training and the employee
- ◆ The training will be documented and placed in the employee's file.
- ◆ Submit a copy of the training (*i.e. written and observation skills test*).

A copy of the agency's service plan policy/procedure (IC 16-27-4-10)

- ◆ Submit agency's policy and procedure – **Do Not Copy and Paste Law**
 - The service plan must be in writing, dated and signed by the individual who prepared it.
 - List type of services to be provided (attendant care services, homemaker services, and/or companion care services).
 - A permanent change to the services requires a written change to the service and must be signed and dated.
 - Include in the policy that the services to be provided to the client are subject to the client's right to temporarily suspend, permanently terminate, temporarily add or permanently add any services.
 - The service plan must be signed and dated by the client no later than fourteen (14) days after the services begin for the client and not later than fourteen (14) days after any permanent changes to the service plan.
 - Review to ensure no medical language is the policy and procedure.
- ◆ Submit agency's service plan form that is provided to the client:
 - Include a place for the client's name and date.
 - Include start date of service
 - Include signature and date of client or representative and agency's manager or designee.
 - Include detailed services provided (*i.e. assistance with bathing, dressing/undressing, transfer*).
 - Review to ensure no medical language is on the service plan form.
 - Include clients right to right to temporarily suspend, permanently terminate, temporarily add or permanently add any services.
- ◆ Submit client's visit record:
 - Include a place for the client's name.
 - Include dates of services.
 - Include services provided.
 - Include initial or signature of client and employee.
 - Review to ensure no medical language is on the visit record.

Client Rights Statement Procedure (IC 16-27-4-12)

- ◆ Client Rights Information - Submit agency's policy and procedure – **Do Not Copy and Paste Law**
 - Include in the policy that the personal services agency shall provide to the client or the client's personal representative with the personal services agency's written statement of client rights not more than seven (7) days after providing services to the client.
 - The agency shall provide the client a written statement of the client rights and the statement must include the following information in the statement. The Department requests that you submit a copy of a client rights statement that the agency will provide to the client.
- ◆ Client Rights Statement – *This is the statement that agency must provide to the client.*
 - The client has the right to have the client's property treated with respect.
 - The client has the right to temporarily suspend, permanently terminate, temporarily add, or permanently add services in the serve plan.
 - The client has the right to file grievances regarding services furnished or regarding the lack of respect for property by the personal service agency and is not subject to discrimination or reprisal for filing a grievance.
 - The client has the right to be free from verbal, physical, and psychological abuse and to be treated with dignity.
 - The client has the right to know that it is not within the scope of the personal services agency's license to manage the medical and health condition of the client if a condition becomes unstable or unpredictable.
 - The client has the right to know the **charges** for services provided by the personal services agency.
 - The personal services agency's **procedure** for notifying the client of any increase in the cost of services. Include in the client rights statement how the agency will notify the client of any increase in the cost of services (*i.e. the agency will notify the client by mail 30 days prior to increase of fees*). *What is the agency's procedure?*
 - The **hours** the personal services agency's office is **open** for business. Include in the client rights statement the hours the personal services agency is open for business and how the agency will notify the client if there is a change in office hours (*i.e. the agency's office hours 8:00 am – 4:00 pm- the agency will notify the client in writing when changing office hours*). *What is the agency's procedure?*
 - The **procedure** for contacting the personal services agency's manager, or the manager's designee, when the personal services agency's office is open or close (*i.e. call #317/111-1111 from 8:00am – 4:00 pm, after 4:00 pm call #317/222-2222*). *What is the agency's procedure?*
 - That **on request** the personal services agency will make available to the client a written list of the names and addresses of all persons having at least at five percent (5%) ownership or controlling interest in the personal services agency.
 - The **procedure** and **telephone number** to call to file a complaint with the personal services agency. *What is the procedure and telephone number to file complaint?*
 - The state department of health does not inspect personal services agencies as part of the licensing process but does investigate complaints concerning personal services agencies.
 - The **procedure** on how to contact and/or call to file a complaint with the state department of health along with the business hours of the state department of health. The contact information and telephone number is: Division of Long Term Care, Indiana State Department of Health, 2 North Meridian St., Section 4-B Indianapolis, IN 46204, Toll Free Complaint Number: 1-800-246-8909, Business hours: 8:15 am – 4:45 pm. *What is the procedure?*